#### NOTICE OF GRANT AVAILABILITY

#### NAME OF GRANT PROGRAM:

Tuberculosis Control-Ambulatory Care Services **STATUTORY AUTHORITY:** 

Public Health Services Act, Section 301 (A), Page 43, Section 317 (A10, page 72-75; State Appropriations Act [Public Law 1994, Chapter 67]) GRANT PROGRAM NO. 05-37-TB TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

#### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide clinical care, treatment, nursing case management and outreach services to TB cases, suspects and their associated contacts for a defined group of local health jurisdictions.

#### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$3,000,000 in funds should be available in the 2005 grant year. Awards will be made for a 12-month budget period beginning July 1, 2004 or January 2005. Funding estimates will vary and are subject to State and Federal appropriations.

# ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants.
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant.

# GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local health departments and/or private hospitals proposing to provide outpatient clinical care, treatment per established guidelines, nursing case management and patient outreach services (optional if provided locally by formal agreement with referring jurisdictions) under the designation of a New Jersey Department of Health and Senior Services TB chest clinic site.

#### **QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The areas to be served must, during the three previous calendar years, either be (1) a county with an average of 45 or more verified publicly managed TB cases or (2) serve a multi-county region with an average of 45 or more publicly managed verified TB cases.

#### **APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

### FOR INFORMATION CONTACT:

Manager, Tuberculosis Program

New Jersey Department of Health and Senior Services **TELEPHONE:** (609) 588-7522

P.O. Box 369 FAX: (609) 588-7562

Trenton, NJ 08625-0369 **E-MAIL:** thomas.privett@doh.state.nj.us

# DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Varies. Information will be included in formal request for application.

# DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.